PARKSIDE CARE CENTER 1201 GARFIELD AVENUE

LITTLE CHUTE 54140 Phone: (920) 788-5806		Ownership:	Limited Liability Company
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/02):	76	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/02):	93	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/02:	74	Average Daily Census:	73

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %				
Home Health Care	No	I		Age Groups	용	Less Than 1 Year	35.1
Supp. Home Care-Personal Care	No					1 - 4 Years	45.9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6.8	More Than 4 Years	18.9
Day Services	No	Mental Illness (Org./Psy)	17.6	65 - 74	4.1		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	37.8		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	39.2	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.2	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Re	esidents
Home Delivered Meals	No	Fractures	10.8		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	16.2	65 & Over	93.2		
Transportation	No	Cerebrovascular	6.8			RNs	5.7
Referral Service	No	Diabetes	6.8	Sex	%	LPNs	7.1
Other Services	No	Respiratory	1.4			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	40.5	Male	35.1	Aides, & Orderlies	33.9
Mentally Ill	No	I		Female	64.9		
Provide Day Programming for		I	100.0				
Developmentally Disabled	No	I			100.0		

## Method of Reimbursement

		Medicare			edicaid itle 19			Other		]	Private Pay	:		amily Care			anaged Care			
Level of Care	No.	96	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	8	100.0	260	44	86.3	114	0	0.0	0	14	93.3	155	0	0.0	0	0	0.0	0	66	89.2
Intermediate				7	13.7	95	0	0.0	0	1	6.7	140	0	0.0	0	0	0.0	0	8	10.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		51	100.0		0	0.0		15	100.0		0	0.0		0	0.0		74	100.0

PARKSIDE CARE CENTER

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Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02								
Deaths During Reporting Period		 			 % Needing		Total			
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of			
Private Home/No Home Health	8.3	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents			
Private Home/With Home Health	0.0	Bathing	0.0		59.5	40.5	74			
Other Nursing Homes	1.0	Dressing	1.4		73.0	25.7	74			
Acute Care Hospitals	87.5	Transferring	18.9		52.7	28.4	74			
Psych. HospMR/DD Facilities	0.0	Toilet Use	14.9		45.9	39.2	74			
Rehabilitation Hospitals	0.0	Eating	70.3		13.5	16.2	74			
Other Locations	3.1	* * * * * * * * * * * * * * * * * * *	*****	*****	******	*****	******			
Total Number of Admissions	96	Continence		%	Special Treatm	ents	8			
Percent Discharges To:		Indwelling Or Extern	al Catheter	2.7	Receiving Re	spiratory Care	0.0			
Private Home/No Home Health	44.2	Occ/Freq. Incontinen	t of Bladder	77.0	Receiving Tr	acheostomy Care	0.0			
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	40.5	Receiving Su	ctioning	0.0			
Other Nursing Homes	7.4				Receiving Os	tomy Care	1.4			
Acute Care Hospitals	12.6	Mobility			Receiving Tu	be Feeding	2.7			
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	2.7	Receiving Me	chanically Altered Diets	24.3			
Rehabilitation Hospitals	0.0									
Other Locations	0.0	Skin Care			Other Resident	Characteristics				
Deaths	35.8	With Pressure Sores		10.8	Have Advance	Directives	91.9			
Total Number of Discharges		With Rashes		2.7	Medications					
(Including Deaths)	95				Receiving Ps	ychoactive Drugs	50.0			

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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\* Ownership: Bed Size: Licensure: 50-99 Skilled This Proprietary All Peer Group Facility Peer Group Peer Group Facilities 용 Ratio Ratio Ratio Ratio 77.3 84.7 0.91 0.89 85.3 0.91 85.1 87.1 0.91

Occupancy Rate: Average Daily Census/Licensed Beds Current Residents from In-County 77.0 0.95 81.6 0.94 81.5 0.94 81.5 76.6 1.01 Admissions from In-County, Still Residing 21.9 17.8 1.23 20.0 1.09 20.4 1.07 20.3 1.08 Admissions/Average Daily Census 131.5 0.71 152.3 146.1 0.90 133.4 0.99 184.4 0.86 Discharges/Average Daily Census 130.1 183.9 0.71 153.5 0.85 147.5 0.88 135.3 0.96 Discharges To Private Residence/Average Daily Census 57.5 84.7 0.68 67.5 0.85 63.3 0.91 56.6 1.02 Residents Receiving Skilled Care 89.2 93.2 0.96 93.1 0.96 92.4 0.97 86.3 1.03 Residents Aged 65 and Older 93.2 92.7 95.1 92.0 1.01 87.7 1.06 1.01 0.98 Title 19 (Medicaid) Funded Residents 68.9 1.08 62.8 1.10 58.7 1.17 63.6 67.5 1.02 Private Pay Funded Residents 20.3 21.6 0.94 30.0 0.68 24.0 0.85 21.0 0.96 Developmentally Disabled Residents 0.0 0.8 0.00 0.9 0.00 1.2 0.00 7.1 0.00 Mentally Ill Residents 17.6 29.3 0.53 36.2 33.3 0.53 0.60 33.0 0.49 General Medical Service Residents 40.5 24.7 1.64 23.2 1.75 22.5 1.80 20.5 1.98 Impaired ADL (Mean) 54.6 48.5 1.13 47.7 1.14 49.3 1.11 49.3 1.11 Psychological Problems 50.0 52.3 0.96 54.9 0.91 54.7 0.91 54.0 0.93 5.2 6.2 6.7 7.2 0.73 Nursing Care Required (Mean) 6.8 0.77 0.84 0.78